

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/807887** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	1		1				
2		1		1			
3		1		1			
4	1		1				
5		1		1			
6		1		1			
7		1		1			
8	1		1				
9		1		1			
10		1		1			
11	1		1				
12		1		1			
13		1		1			
14	1		1				
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44		1		1			
45		1		1			
46		1		1			
47		1		1			
48		1		1			
49		1		1			
50		1		1			
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	*		*		*		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	51		1		1		
52		1		1			
53		1		1			
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55		1		1			
56	1		1				
57		1		1			
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95	1		1				
96		1		1			
97		1		1			
98		1		1			
99		1		1			
100		1		1			
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831

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2082

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SERIAL NO.

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FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101		1		1		
102		1		1		
103	1		1			
104		1		1		
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TOTAL IND.			19			
TOTAL DEP.		19		79		
TOTAL CLAIMS		98				

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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